

2005 TMA Special Survey

Electronic Medical Record System Implementation



Texas Medical Association is implementing a comprehensive Health Information Technology Initiative to help transition Texas medical offices from the era of stand-alone paper-based medical records and transactions into the era of networked health information technology (HIT) in which physicians can easily access a patient's clinical information at the point of care. The adoption of HIT brings immediate improvement in care and directly contributes to the long-term goal of improved patient safety as practices become more adept at using the systems to generate and understand patient data.

The Texas Medical Association and TMF Health Quality Institute joined together to create a survey to help determine where Texas physicians are in the process of implementing HIT, particularly electronic medical records, and what services these organizations should develop to assist their members as they adopt this technology.

Key Findings

- Only 27% of physicians are currently using an electronic medical record (EMR) system.
- Almost half of all physicians (46%) are planning an EMR implementation.
- More than a third (36%) of physicians who have implemented an EMR are extremely satisfied and another half (48%) are somewhat satisfied.
- Physicians who do not plan to implement an EMR report that the cost is prohibitive and that they would need a grant in order to reconsider that decision.

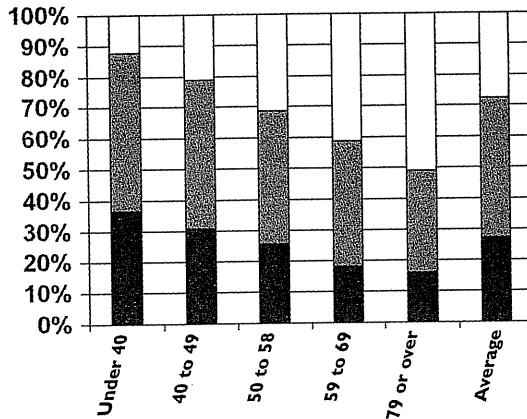
Methodology

The survey was conducted during the fall of 2005 as a web survey with a supplemental mail sample. Invitations to participate in the web survey were emailed to members of the Texas Medical Association and the Texas Medical Group Management Association. An additional sample of 2000 physicians was mailed written surveys. 1772 responses were received, of which 154 were from the mail sample group.

General Findings

- The great majority (85%) of responding physicians report that they currently file claims electronically, and almost two thirds (64%) use an electronic calendar in their practice. Physicians report that many other functions are being performed electronically, with or without an electronic medical record (EMR) system. These include links to managed care plans (41%), and electronic transmission of clinical lab (35%) and radiology (27%) orders.

Current EHR Status by Physician Age Group



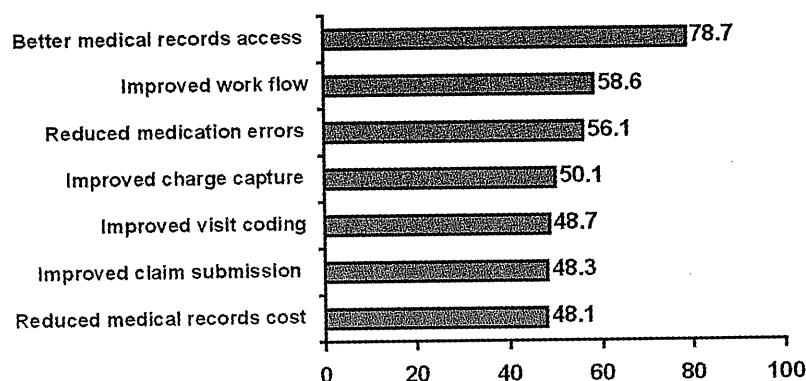
- ☐ No Plans to Implement
- ☒ Plan to Implement
- ☒ Currently Use

- Only 27% of physicians are currently using an electronic medical record (EMR) system. Younger physicians are somewhat more likely to be in this group, which includes 37% of physicians under the age of 40. By specialty, family medicine physicians (36%) are most likely to have implemented, and otolaryngologists are least likely (11%).
- Almost half of all physicians (46%) are planning an EMR implementation. Older physicians are almost as likely as younger physicians to be planning an implementation; a third of respondents over the age of 70 are planning to implement.
- A quarter of respondents have no plan to implement an EMR. Physicians in this group tend to be older and are more likely to be anesthesiologists (47%) or dermatologists (47%).

Practices That Have Implemented

- In practices that have implemented an EMR, 80% report that the system is in full use by all physicians.
- More than a third (36%) of physicians are extremely satisfied with their EMR and another half (48%) are somewhat satisfied.
- More than three quarters (79%) report that their system is reliable, but 3% report that their system is extremely unreliable, which was defined to mean that there had been one or more extended periods of down time.
- The median reported implementation cost per physician was \$20,000, but there was substantial variation, with 17% reporting prices less than \$2,001 per physician and 25% reporting prices above \$30,000.
- Physicians who are members of larger groups (more than five physician members) report a higher average purchase and implementation price (\$36,000) per physician. Those physicians are less likely to report that they are extremely satisfied and more likely to report that the system is somewhat unreliable.
- The median monthly maintenance cost reported is \$285, but 22% of physicians report monthly cost of less than \$50 and 29% report costs above \$500. The high cost groups (above \$500) report slightly lower rates of satisfaction. The best reliability (90%) is associated with physicians who spend between \$50 and \$200 per month on maintenance fees. Lower reliability frequencies are reported both for practices that spend less than that and for practices that spend more.
- Half of practices report that the actual implementation costs were within 5% of the vendor's initial estimate. It is alarming, however, that more than 10% reported that actual costs exceeded the vendor estimate by more than 50%.

Most Important Features of the EMR

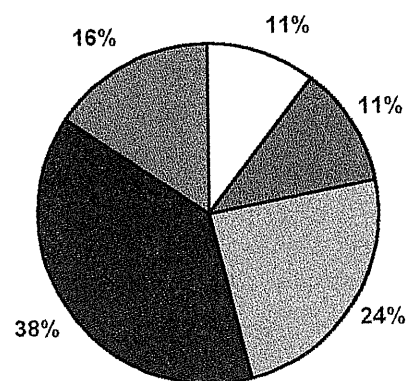


- Physicians overwhelmingly report that the most important feature of their EMR is better medical records access (79%), followed by improved work flow (59%), and reduced medication errors (56%). Physicians also value several features that could serve to improve financial performance of the practice, including improvements in charge capture (50%), visit coding (49%), claim submission (48%) and reduced medical records storage and transportation cost (48%).
- What physicians like most about their EMRs is electronic charting (76.4%) followed by good reports or reporting ability (51%), the sharing of information with the practice management system (48%), and electronic prescribing (43%).
- When asked what they like least, physicians report that it is difficult, awkward, or time-consuming to input data (44%), that there is no interface with hospital or ancillary provider systems (42%), that new kinds or errors are possible (40%), and that productivity is lost during implementation (37%).
- Physicians with EMRs were asked what would have helped them to implement. As expected, a majority (51%) report that they would have benefited from suggestions about appropriate and effective products, and 36% would have liked some financial assistance. More surprising is that 55% report that they could have used help to optimize the system and 44% report they could have used help with training on the new system.

Practices with Plans to Implement

- Among physicians who plan to implement an EMR, 11% are implementing now and 35% plan to implement within a year, but more than half plan to wait a year or more before implementing.

How Soon Do You Plan to Implement?



- Implementing now
- Within 6 months
- In 6 months - 1 year
- Next 1-2 years
- More than 2 years

- The services that physicians predict they will need include guidance to appropriate and effective EMR products (75%), an analysis of purchase and implementation costs (66%), training on the new system (64%), help to optimize the system (62%). Half reported that they would need financial assistance.
- The results that physicians hope for in implementing an EMR include better medical record access (91%), improved workflow (80%), reduced cost for medical record storage and transport (75%) and improved visit coding (74%). A majority also hopes for reduced medication errors (66%) and improvements in the drug refill process (65%), patient communications (63%), charge capture (63%), claim submission (61%), plus reductions in staff expense (60%) and transcription cost (53%).

Practices with No Plan to Implement

- Physicians who do not plan to implement an EMR report that the cost is prohibitive (73%), that the potential benefits do not justify the cost (62%) and that they have concerns about electronic system reliability (50%).
- Approximately half of physicians who have no plans to implement report that they might be convinced

to adopt an EMR if they received a grant (56%) or if they saw evidence that the system would improve practice operations (52%) or improve the quality of patient care (49%). Other factors that might be persuasive would be an easier method to enter information into the system (44%), help with implementation and training (43%). Other physicians are waiting for a better product than any they've seen on the market (41%), or waiting for data standards that assure that all systems can share information (40%).

